



NOTIFICATION OF LEAD ABATEMENT ACTIVITIES

State Form 49150 (R5 / 5-10)
Approved by State Board of Accounts, 2010
INDIANA STATE DEPARTMENT OF HEALTH

INDIANA STATE DEPT. OF HEALTH
Lead and Healthy Homes Program
2 N Meridian St, 5 J
Indianapolis, IN 46204
Phone: (317) 233-1250
<http://www.in.gov/isdh/programs/lead/>

INSTRUCTIONS:

1. This form must be used to notify of lead abatement activities pursuant to 410 IAC 32. If accessing this form on-line, you may print the blank form and fill it out by hand for submission with original signatures.
2. Submit **one** notification form for **each address** for which you are seeking approval. The cost is \$ 50.00 per notification.
3. **Please type or print in ink.**
4. Return this form, required addenda, and check or money order made payable to "ISDH Lead and Healthy Homes Program" by mail to:
**Cashier's Office
Indiana State Department of Health
PO Box 7236
Indianapolis, Indiana 46207**
5. Notification is only required when a project's activities are designed to permanently eliminate Lead based paint hazards.
* Per Indiana Rule 410 IAC 32-4-6, all notifications to the ISDH must be submitted on the State Form 49150.
6. Type of Notification-410 IAC 32-4-6
 - A. If this is the original notice, please check the appropriate space on the notification form.
 - B. If this is a revised notice, please check the appropriate space on the notification form. The revised notice must be postmarked and sent by certified mail, return receipt requested, at least 5 working days or delivered at least 2 working days before the start date of lead abatement activity specified in:
 - (1) the notice being revised and (2) the new revised notice.Facsimiles will be accepted by the ISDH.
 - C. All revisions must include a copy of the notice being revised.
 - D. If this is a cancelled notice, please check the appropriate space on the notification form.
 - E. Courtesy Notification.
7. Facility Information-410 IAC 32-4-6(1)(D)
 - A. Either the owner or operator must submit the notice.
 - B. The owner means the individuals(s) who own the property or lease the property.
 - C. The operator means the lead abatement contractor.
 - D. Specify the name, address, telephone number, Indiana license number and license expiration date, of the:
 1. lead abatement contractor(include the hours and days of operation)
 2. inspector who conducted the inspection prior to abatement
 3. risk assessor who made a Lead hazard assessment
8. Type of Operation-410 IAC 32-4-6(2)(D)
 - A. Refer to the definitions of encapsulation, enclosure and emergency abatement in 410 IAC 32-1.
 - B. Emergency abatement operations have additional notification requirements. Owner/Operator must also complete Section XIII of notification form.
9. Procedures, Including Analytical Methods, If Appropriate, Used To Detect the Presence and Amounts of Lead Based Paint.-410 IAC 32-4-6(2)(F)
10. Approx. Amounts of Lead To Be Removed - 410 IAC 32-4-6(2)(G)
Specify the amount of Lead Based paint to be removed in terms of linear feet or square feet on facility components.
11. Scheduled Dates of Lead Based Paint Removal - 410 IAC 32-4-6(2)(I)
This means the actual start and end date as indicated by the posting and removal of lead-based paint hazard demarcations in the work area.
12. Facility Description - 410 IAC 32-4-6(2)(E) and (H)
Include the building name, floor and room number(s) if available where the lead abatement activity will take place. Provide enough detail that an unfamiliar inspector can find the abatement without asking anyone.
13. Description of planned activity work to be performed and methods to be employed, including techniques to be used and a description of the affected facility components 410 IAC 32-4-6(2)(J)
Briefly describe the methods to be used such as encapsulation, enclosure, heat scrapping, etc..., list the affected facility components such as doors, windows, and floors.
14. Description of work practice and engineering controls to be used to comply with this rule, including lead removal and

waste handling emission control procedures. 410 IAC 32-4-6(2)(K)

Examples of work practices and engineering controls to prevent lead emissions at the site would include: the use of water or wetting agents, containments, and negative air units during removal; daily clean up, placing waste into leak tight containers and secure storage.

15. Description of procedures to be followed in the event that unexpected lead-based paint becomes a lead based hazard and warrants immediate action. 410 IAC 32-4-6(2)(O)

Procedures could include any steps taken to immediately minimize exposure potential. A notification would need to be given as early as possible, but not later than the following work day.

16. Waste Transporter- 410 IAC 32-4-6(2)(P)

Provide the name, address, and telephone number of only the lead waste transporter. This should include the waste transporter name, street address, city, state, zip code, contact person, and telephone number.

17. Lead Disposal Site- 410 IAC 32-4-13

Provide the name and location of the landfill where the lead waste material will be deposited. This should include the name, street address, city, state, zip code, waste disposal site contact person, and telephone number.

18. Emergency lead abatement- 410 IAC 32-4-6(2)(O)

A. Specify:

1. The date and hour that the emergency occurred,

2. a description of the sudden unexpected event, and

3. an explanation of how the event causes a lead-based paint hazard and warrants immediate action.

B. An "Emergency abatement operation" is an unplanned operation that results from a sudden unexpected event that if not immediately attended to presents a safety or public health hazard.

19. Certification Statement and Signature by Owner/Operator-410 IAC 32-4-6(2)(M)

Self-explanatory.

NOTIFICATION OF LEAD ABATEMENT ACTIVITIES

I. Type of Notification (check one): ☐ Original ☐ Revised* ☐ Cancelled ☐ Courtesy

*Must include copy of notification which is being revised

REMEMBER: EPA Renovator Certification is required for all non-abatement renovation activities in target housing and/or child-occupied facilities [40 CFR 745].

II. Facility Information (Identify owner, property address, lead abatement contractor, inspector, risk assessor)

Facility Owner: _____

Facility Address: _____ City: _____

State: _____ ZIP: _____ Contact Name: _____ Telephone: _____

Lead Abatement Contractor: _____

Address: _____ City: _____

State: _____ ZIP: _____ Contact Name: _____ Telephone: _____

IN License Number: _____ Expiration Date: _____

FAX number: _____ E-mail Address: _____

☐ Check here if you want a copy of the abatement notice letter mailed to you instead of faxed or sent by e-mail.

Hours of Operation _____ A.M. to _____ P.M. _____ A.M. to _____ P.M. All Shifts _____

Days of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Inspector: _____

Address: _____

City: _____ State: _____

IN License Number: _____

Expiration Date: _____ Telephone: _____

Risk Assessor: _____

Address: _____

City: _____ State: _____

IN License Number: _____

Expiration Date: _____ Telephone: _____

III. Type of Operation (check all that apply): <input type="checkbox"/> Interior <input type="checkbox"/> Wet Stripping <input type="checkbox"/> Encapsulation <input type="checkbox"/> Exterior <input type="checkbox"/> Dry Stripping <input type="checkbox"/> Enclosure <input type="checkbox"/> Emergency			
IV. Procedures including Analytical Methods, if appropriate, used to detect the Presence and Amount of Lead: _____			
V. Approximate amount of lead-based paint		VI. Scheduled dates of lead-based paint removal	
Linear Feet	_____	Start Date	_____
Surface Area (sq.ft.)	_____	Completion Date	_____
VII. Child Occupied Facility Description: _____ _____ Building Name: _____ County: _____ Street Address: _____ City: _____, IN Zip code: _____ Affected component or portion of facility: _____ _____ Exact activity location: _____ _____ Building size (sq.ft.): _____ Number of floors: _____ Age of structure: _____ Present use: _____ Prior use: _____			
VIII. Description of planned activity work to be performed and methods to be employed, including techniques to be used and a description of the affected facility components: _____ _____ _____ _____			
IX. Description of work practices and engineering controls to be used to comply with this rule, including lead removal and waste handling emission control procedures: _____ _____ _____ _____			
X. Description of procedures to be followed in the event that unexpected lead-based paint becomes a lead hazard and warrants immediate action: _____ _____ _____ _____			
XI. Waste Transporter Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Contact: _____ Telephone: _____		XII. Lead Disposal Site Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Contact: _____ Telephone: _____	

XIII. For Emergencies Only: Date and hour of emergency: _____ Explanation of how the event caused a lead hazard and warranted immediate action: _____ _____ _____ _____			
XIV. I hereby certify that the information in this notification is correct and that I will only use Indiana-licensed workers and project supervisors, to implement this lead abatement activity, which have been trained under 410 IAC 32; 40 CFR 745. The trained individual(s) along with evidence that the required training was accomplished shall be available at the job site during actual work hours. _____ Owner/operator (signature) _____ Date (month, day, year) _____ Owner/operator (printed) _____ Affiliation			
FOR OFFICE USE ONLY			
Postmark:	Date Reviewed:	Reviewed by:	Deficiencies: